

**The Family and Romantic Relationships of Trans and Gender Diverse
Australians: An Exploratory Survey**

Damien W. Riggs

School of Social and Policy Studies

Flinders University

GPO Box 2100

Adelaide, South Australia, 5001

damien.riggs@flinders.edu.au

Henry von Doussa

The Bouverie Centre, La Trobe University

8 Gardiner St, Brunswick, Victoria 3056

h.vondoussa@latrobe.edu.au

Jennifer Power

Australian Research Centre for Sex, Health and Society, La Trobe University, 215

Franklin St, Melbourne 3000

Jennifer.power@latrobe.edu.au

This is an Author's Accepted Manuscript of an article published in *Sexual and Relationship Therapy*. Copyright Taylor and Francis.

Abstract

The present paper contributes an Australian focus to the growing body of research on trans and gender diverse people's family and romantic relationships. A survey designed by the authors was completed by 160 trans or gender diverse Australians. A negative correlation was found between discrimination from families of origin and perceptions of support, and conversely a positive correlation was found between perceptions of support and emotional closeness. Analysis of open-ended responses suggested that support was primarily constituted by 1) emotional support, 2), utilising correct pronouns and names, and 3) financial support. Discrimination by families of origin was primarily constituted by 1) refusal to use correct pronouns and names, 2) exclusion from family events, and 3) pathologising responses. The findings in regards to romantic relationships suggest that trans women were more likely than trans men or gender diverse people to experience challenges in negotiating romantic relationships. A negative correlation was found between difficulties in negotiating romantic relationships and belief in the likelihood that an 'ideal' romantic relationship would occur in the future. Difficulties in negotiating romantic relationships were primarily described in terms of 1) anxiety over potential responses, 2) discrimination from potential partners, and 3) lack of self-acceptance. The paper concludes by discussing the implications of these findings for clinical practice.

Keywords: discrimination, families of origin, gender diverse, romantic relationships, support, trans

Introduction

In Australia at present, trans and gender diverse people face a range of institutional and individual barriers to full inclusion in social life. Institutional barriers – such as lack of ready access to hormones and/or surgery, and ongoing legislative discrimination including the requirement to end a marriage in order for gender to be changed on a birth certificate – arguably shape the individual barriers that many trans and gender diverse Australians experience. Both institutional and individual barriers are shaped by what Ansara and Hegarty (2013; 2014) refer to as cisgenderism: the ideology that delegitimizes trans and gender diverse people's own understandings of their bodies and genders.

The present paper seeks to contribute to current understandings of the differing forms that cisgenderism takes – and the impact it has on trans and gender diverse people's lives – by reporting on findings from a survey completed by 160 trans and gender diverse Australians. The survey sought to better understand the specific experiences of these populations with regards to their families of origin and their romantic partnerships. Whilst the latter topic has received considerable attention in the past decade internationally, little attention has been paid to trans and gender diverse people negotiating romantic relationships in Australia. In regards to families of origin, whilst it is often stated in both international and Australian research that families of origin can represent a significant site of discrimination and rejection for many trans and gender diverse people, this topic has been the focus of relatively little empirical research. Furthermore, and as the summary of previous research provided below would indicate, there are likely differences between the experiences of trans men and

women and gender diverse people in terms of relationships with family of origin and romantic partners, and these differences are likely the product of differing social stereotypes about these populations. Further attention to these individual factors is thus warranted.

In addition to highlighting some of the differences amongst trans and gender diverse people in terms of predictors of familial and romantic acceptance or rejection, the analysis presented below outlines some of the specific forms that discrimination may take in terms of families of origin and romantic partners. Identifying such discrimination and how it impacts upon trans and gender diverse people is clinically important for at least three reasons. First, it is important for practitioners to be aware that beyond the challenges many people experience in negotiating and maintaining romantic relationships, trans and gender diverse people are uniquely exposed to challenges arising from the effects of cisgenderism. Second, whilst families of origin often play an ongoing (negative) role in the lives of many people, in the case of trans and gender diverse people families of origin can play an active gatekeeping role in preventing people from transitioning and/or living full and productive lives (though of course conversely, they can facilitate such outcomes). And finally, it is important that clinicians acknowledge the diversity within trans and gender diverse communities, and understand that differing populations within these communities will have differing experiences as a result of the forms of cisgenderism to which they are subjected. These three reasons are considered in more detail in the conclusion of this paper in terms of their implications for clinical practice.

Previous Research

Families of Origin

As noted in the introduction, there is a relative paucity of empirical research on trans people's experiences with their families of origin (and as noted below, none that has focused on gender diverse people). As a whole, the existing research depicts a relatively consistent image of trans people's experiences with family of origin, namely that 1) rejection from families of origin is the most common experience of trans people (and this can prevent some trans people from undertaking aspects of a medical transition), 2) cisgender male family members tend to have more hostile or negative responses to trans people than do cisgender female family members, and 3) the attitudes of families of origin do often improve over time, though this is not a uniform experience for all trans people.

In terms of rejection, Koken, Bimbi and Parsons (2009) found that, amongst their sample of 20 trans women of colour living in the United States, 40% experienced hostility and 40% experienced indifference from their families of origin (these categories were not mutually exclusive). Koken and colleagues suggest that rejection from families of origin can play a determining role in poor mental health outcomes for trans women of colour. Similarly, Lewins' (1995) study of 55 transsexual women living in Australia found that potential rejection from families of origin could lead to poor mental health outcomes arising from delaying the commencement of transitioning. Lewins suggests that this was especially so for younger women in the sample who were more reliant on the support of their families, however in general the

participants indicated that the risk of losing family support weighed heavily on their decisions to commence transitioning. Gagné and Tewksbury (1998) suggest that amongst their sample of 65 transgender women, rejection (as opposed to acceptance) by families of origin was the most common experience, with examples including the women being told “not to call or come home, [being] written out of wills, and generally [being] abandoned and rejected” (p. 90). Finally, whilst not explicitly framed in terms of rejection, Factor and Rothblum (2008) suggest that amongst their sample of 166 trans and gender diverse participants, when compared with one of their cisgender siblings, cisgender males and females experienced the highest levels of support from their family, with trans men and women and gender diverse people experiencing statistically lower levels of support.

In terms of hostility, Grossman, D’Augelli, Howell and Hubbard (2005) report that amongst their sample of 55 transgender youth, 54% of participant’s mothers reacted negatively or very negatively when the young person disclosed their transgender identity, whilst 63% of fathers reacted negatively or very negatively. Whilst negative responses were common amongst both mothers and fathers, the findings nonetheless suggest that negative responses were more likely from fathers. Koken, Bimbi and Parsons (2009) also suggest that cisgender male relatives were less likely to be accepting of their participants than were cisgender female relatives.

Finally, in terms of changing attitudes amongst families of origin, Koken, Bimbi and Parsons (2009) suggest that their participants experienced increased support from their families of origin over time. Similar, Grossman et al (2005) suggest that for the transgender youth in their study, the attitudes of both mothers and fathers towards

their transgender child improved over time. Erich, Tittsworth, Dykes and Cabuss (2008) suggest that increased support from family members towards trans people is important as it is correlated with higher life satisfaction.

It is important to note that no specific empirical literature was identified that focused on the experiences of gender diverse people in regards to family of origin. A range of search terms were utilised in an attempt to identify research that may have included gender diverse people even if the research did not use that particular terminology (e.g., genderqueer, non-binary/enby, neutrois, and agender). Given research on these populations is still in its relative infancy, it is perhaps understandable that research specifically focusing on relationships with family of origin has not yet emerged.

Romantic Relationships

Over the past decade there has been a rapid growth in research focusing on the romantic relationships of trans people (again, research on the experiences of gender diverse people is still lacking). Notably, the vast majority of this research has focused on the experiences of trans men, the argument being that previously the bulk of research had focused on trans women. Whilst this statement is accurate, it marginalizes to a degree the fact that much of the research on trans women from before the new millennium was not necessarily affirmative in its approach. In other words, whilst much of the earlier research on trans people in general focused on trans women, such research was at times pathologising, or at least clinical in its focus. As the summary now provided of previous literature on trans people and romantic relationships would suggest, this history has translated into a body of empirical

findings where the focus on trans men is primarily positive and affirming, whilst the focus on trans women is perhaps less so.

In terms of research focusing on trans men and romantic relationships, Meier, Sharp, Michonski, Babcock and Fitzgerald (2013) suggest that amongst their sample of 593 trans men (most of whom were living in the US), symptoms of depression were lower amongst those who were in a relationship compared to those who were not. Further clarity in terms of how a romantic relationship may relate to symptoms of depression is provided in other research. Specifically, research on trans men who are in romantic relationships suggests a number of factors that potentially exist in trans men's relationships that are affirming and supportive. For example, research by Bockting, Benner and Coleman (2009) and Schleifer (2006) suggests that, for their trans male participants, being seen as male by their partners was an important affirmation. Research by Bockting et al and Davidmann (2004) suggests that such affirmation allows some trans men to explore a range of sexualities and sexual experiences post-transition that they would not have been open to previously (including negotiating polyamorous or open relationships, and identifying as gay).

In contrast to the primarily positive image of trans men's romantic relationships depicted in research conducted over the past decade, the image of trans women's experiences of romantic relationships is somewhat less positive. Early research such as that of Lewins (1995) and Bolin (1988) suggested that heterosexual trans women perceive inherent risks when seeking to date cisgender men. Lewins (2002) specifically suggests that the trans women in his sample were especially concerned with other's judgments of their physical appearance, and that this impacted upon their

confidence in negotiating relationships with cisgender men. Iantaffi and Bockting's (2011) more recent research confirms the challenges that trans women potentially experience in negotiating romantic relationships when compared with trans men. In their sample of 57 trans women and 43 trans men living in the US, trans men were significantly more likely to be in a relationship than were trans women, and their trans female participants were much less likely to have disclosed their transgender status to their partner and were much more fearful of being rejected by their partner upon disclosure than were their trans male participants. An important exception to this largely negative picture of trans women's experiences of romantic relationships depicted in previous research are narratives such as those included in Hines' (2007) research, which reports on the positive and supportive responses experienced by some trans women from their wives throughout and following transition. Whilst Hines' participants note that often the intimate aspects of the relationship ended, their caring and closeness continued.

In addition to research focusing specifically on either trans men or trans women, there is also a body of research focusing on the experiences of cisgender partners of trans people. The majority of this research focuses on cisgender female partners of trans men (though see Samons, 2009). Consistent across this research is the finding that cisgender women – who in most of the research previously or presently identified as lesbian – must renegotiate their sexual identity when a partner transitions. For some women, such as in Davidman's (2014) research, this renegotiation of identity is cast as possible because of ongoing feelings for their partner. In other research, however, cisgender women who identify as lesbian report struggling to renegotiate their sexual identity when a partner transitions, particularly when their partner's male identity and

(often relatively normative) male sexual desire strongly conflicts with their own identity and experience as a woman attracted to women (e.g., Brown, 2010). Finally in terms of the experiences of trans women and cisgender male partners, research by Gamarel, Reisner, Laurenceau, Nemoto and Operario (2014) focusing on the experiences of 191 such couples found that trans-related relationship stigma impacted upon both partners, and was associated with greater depressive symptomology and lower relationship quality. Notably, their findings suggest that cisgender men's perceptions of stigma about their trans partner can influence the relationship and potentially lead to conflict for the couple.

As a whole, then, this body of research on trans people's romantic relationships suggests that the effects of cisgenderism result in a range of specific challenges. For heterosexual trans women, stereotypes about trans people can negatively impact upon their confidence in negotiating and maintaining romantic relationships with cisgender men, though this same concern is less evident in research samples that have included lesbian trans women (Davidman, 2014, Hines, 2007). Whilst the research presents a somewhat more positive image of trans men's romantic relationships, this does not mean that trans men do not experience challenges in terms of negotiating such relationships, especially with regard to being affirmed as men and negotiating normative discourses of masculinity (Edelman & Zimman, 2014).

Method

Sampling

The research was approved by the ethics committee of the second and third authors' university. Following the direction set by the Australian *National LGBTI Health Alliance* (2013), the authors decided to adopt the language of 'trans and gender diverse' to describe the study. The Alliance differentiates trans and gender diverse people from one another on the basis of the degree of adherence to a two-gender model. Trans people within this differentiation are more likely to identify as either male or female, whilst gender diverse people may typically refuse to adopt either of these categories. Importantly, the authors are aware of the fact that treating trans and gender diverse people as entirely separate populations from cisgender people is in itself a form of cisgenderism (Ansara & Hegarty, 2014). However, in order to focus on the specific experiences of trans and gender diverse people in the face of cisgenderism, it was necessary to make this distinction.

Utilising this broad language of trans and gender diverse, participants were recruited via social media, through emails sent to distribution lists held by the authors collected during previous research conducted with the target populations, and through emails sent to relevant Australian listservs such as Rainbow Families. The survey was open for a period of eight months and was hosted on surveymonkey.

Participants

Of the sample of 160 participants included for analysis in the present paper, 119 participants selected the survey category of trans and 41 selected the survey category gender diverse. In terms of self-described gender identity, just over half of the sample (51.5%) described their gender identity as female, whilst 26.9% described their gender identity as male, and 21.6% described their gender identity in a range of ways that for the purposes of the analysis below are grouped as ‘gender diverse’.

Descriptions included in this latter category include ‘gender queer’, ‘non-binary’, ‘neutrois’, ‘agender’ and ‘gender fluid’. The authors acknowledge that it is problematic to group these differing gender descriptors into one category, but for the purposes of statistical analysis it was necessary to create such a grouping. Participants were also asked to describe their sexual orientation. Almost half of the sample (47.4%) identified as non-binary. This category included participants who identified as bisexual, pansexual or queer. Of the remaining participants, 25.1% identified as same-gender attracted, 21.2% identified as heterosexual, and 6.3% identified as asexual.

The average age of participants was 39.8 ($SD=13.49$). In terms of living arrangements, 73.7% of the sample reported that they lived with someone, whilst 26.3% reported that they lived alone.

Materials

Participants completed a survey designed by the authors. The survey began by asking participants a number of demographic questions, including whether or not they identified as trans or gender diverse, self-described gender identity and sexual orientation, age, and current living arrangements (specifically, whether participants were living alone, with a partner/s, with friends, with children and/or with pets).

Following these demographic questions, participants were then asked to describe whom they considered to constitute their family of origin. 98% of the sample referred to family of origin as genetically-related parents and siblings, with a small number of participants (n=6) also including grandparents, cousins and nieces/nephews in their description of family of origin. The three participants who did not solely include genetically-related family members described their family of origin in terms of adoptive family members. With their description of their family of origin in mind, participants were then asked to rate their experiences of relationships with those who they considered to be their family of origin. Specifically, participants were asked how emotionally close they were to their family of origin (1=not at all close, 2=somewhat close, 3=quite close, 4=very close), how supportive their family of origin has been of them as trans or gender diverse people (1=not at all supportive, 2=somewhat supportive, 3=quite supportive, 4=very supportive), and whether they had experienced discrimination from their family of origin (1=no discrimination, 2=some discrimination, 3=a considerable degree of discrimination, 4=they are always discriminatory). Open-ended questions asked participants to comment on what their family of origin have done to support them, and what they have done that has been

discriminatory. Finally, in terms of family of origin, participants were asked to report on the degree to which they were concerned about the impact of discrimination from family of origin upon likely support in the future (1=not at all concerned, 2=somewhat concerned, 3=quite concerned, 4=very concerned).

Participants were then asked to describe what they considered to constitute an 'ideal' romantic relationship. Responses to this question typically included words such as 'respectful', 'accepting', 'honest', 'trust', 'communication' and 'emotional closeness'. A small number of participants (n=15) indicated that they desired an open or polyamorous relationship constituted by 'no jealousy', 'sharing' and 'honesty'. With their description of ideal romantic relationships in mind, participants were then asked whether they had experienced difficulties in meeting romantic partners in the past (1=no difficulties, 2=some difficulties, 3=quite a lot of difficulty, 4=very difficult), whether or not they felt they had experienced an ideal romantic relationship at some point in their life (1=definitely have not, 2=almost have, 3=definitely have), and whether or not they believed that they would experience an ideal romantic relationship in the future (1=not at all likely, 2=somewhat likely, 3=quite likely, 4=very likely). An open-ended question asked participants to describe the challenges they have faced in meeting romantic partners.

Analytic Approach

Quantitative data were analysed utilizing the software programme SPSS 17.0. Open-ended responses were coded by the first author utilizing NVIVO 15.0, focusing on the most common responses to each question and grouping these into categories.

Results

Families of Origin

Of the sample, 37% reported living with their family of origin, with the remaining participants reporting that they did not live with their family of origin. Those who lived with their family of origin were younger ($M = 28.20$, $SD = 10.45$) than those who did not live with their family of origin ($M = 42.33$, $SD = 12.89$), $t = 5.50$, $p < .01$. Living with family of origin was not a significant predictor of any of the family of origin variables. In terms of the survey question asking about discrimination from family of origin, 25.1% of the sample indicated that they had experienced no discrimination, 32.2% indicated that they had experienced some discrimination, 25.1% indicated that they had experienced quite a bit of discrimination, and 17.5% indicated that their family of origin was always discriminatory. In terms of the survey question asking about support from families of origin, 22.8% of the sample indicated that they received no support, 33.9% indicated that they received some support, 21.6% indicated that they received quite a bit of support, and 21.6% indicated that their family of origin was totally supportive. Finally, in terms of the survey question asking about emotional closeness to family of origin, 31% of the sample indicated that they were not at all emotionally close, 38% indicated that they were somewhat close, 24.8% indicated that they were quite close, and 8.2% indicated that they were very emotionally close to their family of origin.

In terms of relationships with families of origin, there was a strong positive correlation between support from family of origin and sense of emotional closeness to

family of origin, $r = .626, p < .01$. Those who felt supported by their family of origin were more likely to feel close to them. Not surprisingly, there was a modest negative correlation between discrimination from family of origin and sense of emotional closeness to family of origin, $r = -.251, p < .01$. Those who experienced more discrimination from their family of origin felt less emotionally close to them. Similarly, there was a moderate negative correlation between discrimination from family of origin and support from family of origin, $r = -.446, p < .01$. Those who experienced more discrimination from their family of origin felt less supported by them. Finally, there was a modest negative correlation between emotional closeness to family of origin and degree of concern about support from family of origin in the future, $r = -.255, p < .01$. Those who were less emotionally close to their family of origin were more concerned about whether they would be supported by their family of origin in the future.

There were no significant differences between people who identified as trans or gender diverse in terms of any of the family of origin variables, nor were there any significant differences between people who stated their gender identity to be either male, female or gender diverse in terms of any of the family of origin variables, nor were there any significant differences in terms of the nominated categories of sexual orientation and any of the family of origin variables.

Tables 1 and 2 provide a summary of responses to the open-ended questions related to discrimination and support from family of origin.

Table 1. Supportive responses from family of origin

Type of Support	Number of Responses
Emotional support	36
Utilised correct pronoun and name	31
Financial support (in regards to surgery and housing)	23
Existing caring relationship continued	15
Advocacy	14
Did not ask invasive questions	9
Mentoring in terms of appearance	6

Table 2. Discriminatory responses from family of origin

Type of Discrimination	Number of Responses
Refusal to use correct pronouns and name	41
Exclusion from family events	19
Pathologising responses	17
Ceased all contact	15
Physical and/or verbal abuse	15
Refused to listen	10
Referred to participant as dead	3

In terms of support, Table 1 indicates that emotional support (which included statements such as “They go out of their way to support me emotionally” and “they have made genuine attempts to connect with me emotionally post-transition”) was the most common form of support offered by families of origin. Another important form of support reported by participants was the use of correct pronouns and names. Examples of this include “they do not misgender me”, “they use my correct pronouns and name”, and “they refer to me by my chosen name”. Some participants framed support as a continuation of an existing caring relationship (e.g., “They have continued to support me living at home” and “They haven’t treated me any differently – we are still just as close”), whilst others emphasised support as being constituted by not being asked questions (e.g., “acceptance without questioning me” and “didn’t quiz me when I came out”).

In terms of discrimination, Table 2 indicates that a refusal by family of origin to use correct pronouns or name was the most significant form of discrimination across the sample. Some participants reported being referred to as ‘it’, whilst others indicated more subtle ways in which families of origin refused to accept the correct pronouns (e.g., “they always buy me presents that are for girls, not boys” and “my family often refers to me as ‘they’ rather than ‘she’, despite me asking them to use ‘she’”). Many participants referred to discrimination from their family of origin taking the form of pathologising responses, such as “they told me I was mad”, “they wanted me to go to a psychologist to be ‘fixed’” and “they see trans as a genetic flaw”.

Romantic Partners

In terms of relationship status, 59.1% of the sample reported that they were single, and 40.9% of the sample reported that they were in a relationship. Of those who were in a relationship, 93% reported living with their partner. Those who were living alone were older ($M=46.70$, $SD=11.36$) than were those living with a partner ($M=37.93$, $SD=13.45$), $t = 3.478$, $p < .001$. There were no significant differences between either the gender identity or sexual orientation categories and being in a relationship.

In terms of relationships with romantic partners, there was a moderate positive correlation between perception of having previously experienced an ideal relationship and the perceived likelihood of experiencing such a relationship in the future, $r = .523$, $p < .01$. Those who were more confident that they had experienced such a relationship were more confident that they would experience this again. Conversely, there was a modest negative correlation between having experienced an ideal

relationship and reported difficulty in meeting partners, $r = -.382, p < .01$. Those who reported more difficulty in meeting partners were less likely to report that they had previously experienced an ideal relationship. Similarly, there was a modest negative correlation between experiencing difficulty in meeting partners and perceived likelihood of experiencing an ideal relationship in the future, $r = -.359, p > .01$. Those who experienced more difficulty in meeting partners were less likely to perceive that they would experience an ideal relationship in the future. Finally, there was a modest negative correlation between age and perceived likelihood of experiencing an ideal relationship, $r = -.277, p < .01$. Younger people were more likely to perceive that at some point in their life they would experience an ideal relationship. Those who were living alone were less likely to perceive that they would experience an ideal relationship in the future ($M=3.27, SD=0.67$) than were those who were living with someone ($M=1.90, SD=0.72$), $t = 3.204, p < .01$.

There was a significant effect of gender identity (male, female, or gender diverse) on perceived difficulty in meeting potential romantic partners, $F(2, 157) = 6.253, p < .01$. Post hoc comparisons using the Bonferroni correction indicated that the mean score for female participants was higher in terms of perceived difficulty ($M=2.91, SD=0.96$) than it was for male participants ($M=1.89, SD=0.84$), $t = 3.568, p < .01$. There was no significant difference between identifying as gender diverse and the other two identity categories.

Similarly, there was a significant effect of gender identity (male, female, or gender diverse) on perceived likelihood of meeting a potential romantic partner in the future $F(2, 146) = 9.448, p < .01$. Post hoc comparisons using the Bonferroni correction

indicated that the mean score for female participants was lower in terms of perceived likelihood of meeting a romantic partner in the future ($M=2.16$, $SD=0.93$) than it was for male participants ($M=3.25$, $SD=0.95$), $t = 4.274$, $p < .01$. There was no significant difference between identifying as gender diverse and the other two identity categories.

There were no significant differences between participants in terms of the nominated categories of sexual orientation and the romantic partner variables.

Table 3 provides a summary of responses to the open-ended question in regards to the difficulties in meeting a romantic partner.

Table 3. Difficulties in meeting romantic partners

Type of Difficulty	Number of Responses
Anxiety over potential responses	40
Discrimination from potential partners	31
Lack of own self-acceptance	27
Negative responses to genitalia	17
Wanting romantic not sexual relationship	12
Being treated as fetish object	8
Being older	4

The responses indicate that approximately a quarter of the types of difficulties outlined by participants related to their own barriers to a romantic relationship ('Lack of own self-acceptance' and 'Not wanting a romantic relationship'), whilst the other three quarters related to the barriers created by others. In terms of participants' own barriers, some participants described a lack of self-acceptance, such as in the following statements "I lack confidence in my body", "I am very shy and struggle to ask people out" and "I am uncomfortable having sex with my body the way it is". Other participants described a lack of desire for a sexual relationship as a barrier to a

romantic relationship. Notably, whilst this is classified here as an individual barrier, it is just as much the case that this barrier is the product of a society where sexual intimacy is a presumed norm within romantic relationships.

In terms of barriers created by others, participants emphasized anxiety over potential responses as preventing them from connecting with other people romantically. We have placed this response in the category of 'barriers created by others', as whilst anxiety is typically considered an individual factor, in this case the responses provided by participants indicated that anxiety was a product of previous negative interactions. Example of this include "Due to previous negative responses, I am anxious about dating at the moment" and "Experiences in the past make me anxious about how people might respond in the future". A separate though related grouping involved some participants outlining negative responses they had received from cisgender partners in regard to their genitalia. Examples of this include "people often seem to view my genitalia as freakish" and "I have struggled to meet men who are attracted to me as a woman with a penis". Other participants reported that being older made it harder to meet romantic partners due to the perceptions of others, and some participants noted that they refused to engage with potential partners whom they perceived to view them as a fetish object (e.g., "some people want to use me as a fetish/fantasy but don't want to pursue a relationship" and "by the time you avoid those who fetishise you there aren't many people left").

Discussion

The findings presented in this paper echo those found in previous international research in terms of a general lack of acceptance from families of origin towards trans and gender diverse people. Whilst the present research did not specifically focus on gender differences in terms of those who discriminate, nor did it measure changes in the attitudes of families of origin over time, it did examine the relationship between support and discrimination. The findings in this regard extend upon research by Koken, Bimbi and Parsons (2009) by identifying not simply the relationship between perceived discrimination and perceived support amongst the sample, but also by identifying specific categories of discrimination and support. From these findings it may be suggested that if family members are able to access supportive and knowledgeable clinicians, then they may be encouraged to provide supportive and affirming responses to trans and gender diverse family members. This would suggest the importance of clinicians being trained in understanding the range of possible negative responses that trans and gender diverse people may encounter from family members, and helping such family members to challenge their own prejudiced views.

In terms of romantic relationships, the findings presented in this paper again echo previous research in identifying differences between trans men and women. Female participants were more likely to experience difficulty negotiating romantic relationships and held less hope that they would experience an ideal romantic relationship in the future than were male participants. This finding is notable given no statistically significant differences were identified in terms of gender identity and being in a romantic relationship. This perhaps reflects the findings of Gamarel,

Reisner, Laurenceau, Nemoto and Operario (2014) with respect to the effects of stigma upon heterosexual trans women's relationships, and more broadly the differential effects of cisgenderism upon trans women as compared to trans men and gender diverse people. These differences warrant further attention in the future.

Considering these findings in regards to romantic relationships, it would appear vitally important that clinicians understand and appreciate the potential differences between client groups. Rather than assuming a general 'trans experience', it is important that clinicians understand how cisgenderism differentially effects differing populations of trans and gender diverse people. In addition to acknowledging this diversity, it is important that clinicians take seriously the detrimental effects of cisgenderism upon trans and gender diverse people in terms of romantic relationships. Whilst presenting issues, such as anxiety or low self-esteem, may often be treated as individual issues, in the case of trans and gender diverse people it is important to acknowledge how anxiety and self-esteem are often intimately related to discrimination. Indeed, as Riggs, Ansara and Treharne (2015) argue, the effects of cisgenderism, and the lack of protective factors (such as supportive relationships with families of origin), may leave some trans and gender diverse people vulnerable to decompensation (which refers to no longer being able to compensate for the effects of cisgenderism). Presenting issues such as anxiety or low self-esteem in regards to romantic relationships, for example, thus require clinicians to go beyond an individual focus, and to focus also on the systemic issues that are potentially contributing to the marginalization of clients. Finally, in terms of romantic relationships, it is important to note that a small number of participants identified as asexual and not interested in a romantic relationship. For some participants this was explained in terms of not

desiring a relationship until they felt happy with their own body and identity. This mirrors previous research (e.g., Doorduyn & Van Berlo, 2014), and is another factor for clinicians to be aware of when working with trans and gender diverse clients.

In terms of limitations, it is important to note the relatively small overall sample size, though in the Australian context samples of this size are relatively common in research on trans people. Specifically, the size of the sample of gender diverse participants may have impacted upon the lack of statistically significant findings about this population specifically. Whilst the calculation of the statistical power of a sample post hoc is not recommended (O'Keefe, 2007), tests of the power of the sample indicated that for all dependent variables other than discrimination from family of origin, there was sufficient statistical power to have correctly identified a significant difference. Nonetheless, further research is required into the future to more clearly identify whether or not there are more similarities than there are differences between trans and gender diverse people. Whilst the findings reported in this paper suggest that the effects of cisgenderism are relatively consistent amongst trans and gender diverse people, teasing out the differential effects of cisgenderism is an important task for future research.

Further in terms of limitations, it is important to acknowledge that the present paper imputed negative responses from families of origin and romantic partners as an effect of cisgenderism. Whilst clearly in some of the open-ended responses this was the case (i.e., in terms of misgendering and pathologising), future research may usefully assess the attitudes of families of origin and cisgender romantic partners themselves. This would be an important contribution to the literature. Finally in terms of limitations,

the study did not assess the emotional wellbeing of participants. Future studies would benefit from including a measure of emotional wellbeing so as to determine whether, for example, experiences of discrimination impact upon emotional wellbeing.

To conclude, the present paper sought to examine how cisgenderism (in the form of negative responses from families of origin and romantic partners) shapes the lives of trans and gender diverse Australians. Whilst there is more work to be done to extend and clarify this topic area, the findings present an initial scoping that affirms the relevancy of international findings to the Australian context, and suggests specific issues to which clinicians should attend in their work with trans and gender diverse clients.

Funding

This project received no specific funds. It was supported by The Bouverie Centre, La Trobe University.

Notes on Contributors

Damien W. Riggs (PhD) is an Associate Professor in social work at Flinders University and an Australian Research Council Future Fellow. He is also a Lacanian psychotherapist in private practice.

Henry von Doussa is currently researching in the areas of sexually, sexual health among men who have sex with men, and relationships and family. He is currently working at The Bouverie Centre, La Trobe University.

Jennifer Power (PhD) is a sociologist whose work focuses on sexuality, sexual health, relationships and family studies. She is currently a Research Fellow at the Australian Research Centre for Sex, Health and Society, La Trobe University.

References

Ansara, Y.G., & Hegarty, P. (2013). Misgendering in English language contexts: Applying non-cisgenderist methods to feminist research. *International Journal of Multiple Research Approaches*, 7(2), 160-177.

Ansara, Y.G., & Hegarty, P. (2014). Methodologies of misgendering: Recommendations for reducing cisgenderism in psychological research. *Feminism and Psychology*, 24, 259-270.

Bockting, W., Benner, A., & Coleman, E. (2009). Gay and bisexual identity development among female-to-male transsexuals in North America: Emergence of a transgender sexuality. *Archives of Sexual Behavior*, 38(5), 688-701.

Bolin, A. (1988). *In search of Eve: Transsexual rites of passage*. London: Bergin & Garvey.

Brown, N. R. (2010). The sexual relationships of sexual-minority women partnered with trans men: A qualitative study. *Archives of sexual behavior*, 39(2), 561-572.

Doorduyn, T., & Van Berlo, W. (2014). Trans People's Experience of Sexuality in the Netherlands: A Pilot Study. *Journal of homosexuality*, 61(5), 654-672.

Edelman, E. A., & Zimman, L. (2014). Boycunts and Bonus Holes: Trans Men's Bodies, Neoliberalism, and the Sexual Productivity of Genitals. *Journal of Homosexuality*, 61(5), 673-690.

Erich, S., Tittsworth, J., Dykes, J., & Cabuses, C. (2008). Family relationships and their correlations with transsexual well-being. *Journal of GLBT Family Studies*, 4, 419-432.

Factor, R. J., & Rothblum, E. D. (2008). A study of transgender adults and their non-transgender siblings on demographic characteristics, social support, and experiences of violence. *Journal of LGBT Health Research*, 3(3), 11-30.

Gagné, P., & Tewksbury, R. (1998). Conformity pressures and gender resistance among transgendered individuals. *Social Problems*, 45(1), 81-101.

Gamarel, K. E., Reisner, S. L., Laurenceau, J. P., Nemoto, T., & Operario, D. (2014). Gender minority stress, mental health, and relationship quality: A dyadic investigation of transgender women and their cisgender male partners. *Journal of Family Psychology*, 28(4), 437-447.

Grossman, A. H., D'Augelli, A. R., Howell, T. J., & Hubbard, S. (2006). Parent reactions to transgender youth gender nonconforming expression and identity.

Journal of Gay & Lesbian Social Services, 18(1), 3-16.

Hines, S. (2007). *Transforming gender: Transgender practices of identity, intimacy and care*. Bristol: Policy Press.

Iantaffi, A., & Bockting, W. O. (2011). Views from both sides of the bridge? Gender, sexual legitimacy and transgender people's experiences of relationships. *Culture, Health & Sexuality, 13(3), 355-370.*

Koken, J. A., Bimbi, D. S., & Parsons, J. T. (2009). Experiences of familial acceptance–rejection among transwomen of color. *Journal of Family Psychology, 23(6), 853-860.*

Lewins, F. (1995). *Transsexualism in society: A sociology of male-to-female transsexuals*. South Melbourne: MacMillan.

Lewins, F. (2002). Explaining stable partnerships among FTMs and MTFs: A significant difference? *Journal of Sociology, 38(1), 76-88.*

Meier, S. C., Sharp, C., Michonski, J., Babcock, J. C., & Fitzgerald, K. (2013).

Romantic relationships of female-to-male trans men: A descriptive study.

International Journal of Transgenderism, 14(2), 75-85.

National LGBTI Health Alliance. (2013). Health information sheet: Inclusive language on intersex, trans and gender diversity. Retrieved November 14, 2014, from http://lgbtihealth.org.au/sites/default/files/Alliance%20Health%20Information%20Sheet%20Inclusive%20Language%20Guide%20on%20Intersex%2C%20Trans%20and%20Gender%20Diversity_0.pdf

O'Keefe, D. (2007). Post hoc power, observed power, a priori power, retrospective power, prospective power, achieved power: Sorting out appropriate uses of statistical power analyses. *Communication Methods and Measures, 1*(4), 291-299.

Riggs, D.W., Ansara, Y.G., & Treharne, G.J. (2015). An evidence-based model for understanding the mental health experiences of transgender Australians. *Australian Psychologist, 50*.

Samons, S.L. (2009). Can this marriage be saved? Addressing male-to-female transgender issues in couples therapy. *Sexual and Relationship Therapy, 24*, 152-162.

Schleifer, D. (2006). Make me feel mighty real: Gay female-to-male transgenderists negotiating sex, gender, and sexuality. *Sexualities, 9*(1), 57-75.